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Notice of Independent Review Decision

JANUARY 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram with Post CT Scan

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D. Board Certified Neurological Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauthorization Requests for lumbar discography - DNI: 5/17/07; 10/15/07, 11/30/07; 1/4/08
MRI Report – Lumbar Spine: 6/14/07
MRI Report – Right Knee: 6/14/07
Initial Evaluation and Follow up consultation –: 7/25/07; 9/6/07
Clinical Report – Dr., D.O.
Chronic Pain Evaluation –, Psy.D.
ODG Guidelines

Patient Clinical History SUMMARY OF EVENTS:

This case involves a xx year-old female who in xx/xx was catching an 8th grader and fell against a wall. She slipped landing on her knee and on her back. There is a history of right knee difficulty several years before which cleared and was not giving trouble at the time of the more recent accident. Stiffness in the knee with pain developed along with low back pain with some extension into the right lower extremity. On critical examination there was no reflex sensory or motor deficit noticed and only general features of diminished range of motion suggested lumbar spine pathology. There has been continued knee pain. The patient has had arthroscopic surgery on 8/22/07. Chondroplasty with right retinacular release was performed. The 6/14/07 lumbar spine MRI showed a small left sided L5-S1 disc rupture and some chronic changes at other levels without anything surgically significant. Lumbar epidural steroid injections were only transiently helpful. Discography has been recommended along with CT scanning.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I agree with the benefit company's decision to deny a lumbar discographic evaluation. There is nothing on examination or imaging tests that indicate lumbar surgery as a means of treating her present problem. The only questionable area on the lumbar MRI is on the left side of L5-S1 and her symptoms are on the right side. The knee problem is also on the right side and could be a major contribution to the right lower extremity discomfort. Without specific levels being suggested by other tests and/or the physical examination, discography is rarely helpful in coming to conclusions about the next therapeutic step. In the present circumstances, CT myelography with flexion and extension views of the lumbar spine may be more beneficial in coming to conclusion about what might be done about the patient's persistent back pain. This opinion does not diverge from ODG guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)